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OR

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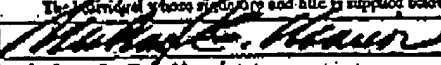
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SIGNATURE of Assignee of Record
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature: 	Date: 02 FEB 2005
Name: Michael E. Marion	Telephone: (914) 333-9637
Title: Authorized Representative	

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